

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585872

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		2		
5		1		3		
6		1		(1)		
7		1		(1)		
8		1		(1)		
9		1		(1)		
10		1		(1)		
11		1		(1)		
12		1		(1)		
13		1		(1)		
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15	1			(1)		
16	1					
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TOTAL IND.	5		1			
TOTAL DEP.	15		15			
TOTAL CLAIMS	20		16			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						